

**HAND
DELIVERED**
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**UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER

18 MAY 15 AM 10:36
(Office Only)

OFFICE OF THE CLERK

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

Name: Mike Thompson Daytime Telephone: (202) 225-3311

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>05</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
	REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E
JT	Ownership of 2190 Finley Road East Finley, CA								X													Farm Income												X	
JT	Silverado Credit Union								X									X								X									
JT	Washington Mutual Fund				X														X								X								
SP	Adventist Health Care Retirement Plan - 401(a) plan																																		
	- ARRP Cap Pres				X																						X								P
	- Van Trust Index Pl				X																						X								P
	- Harbor Mid Cap				X																						X								
JT	Wells Fargo Bond				X																														

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	None																																			
	\$1-\$1,000																																			
	\$1,001-\$15,000																																			
	\$15,001-\$50,000																																			
	\$50,001-\$100,000																																			
	\$100,001-\$250,000																																			
	\$250,001-\$500,000																																			
	\$500,001-\$1,000,000																																			
	\$1,000,001-\$5,000,000																																			
	\$5,000,001-\$25,000,000																																			
	\$25,000,001-\$50,000,000																																			
	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
	SP Adventist Health Care Retirement Plan - 403(b) plan																																			P
	- American Funds Euro Pacific																																			P
	- Cohen & Steers Realty Shares																																			P
	- MFS Utilities - Hartford Global Health																																			P

SCHEDULE B - TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.		Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
SP, DC, JT	Asset	Purchase	Sale	Partial Sale	Exchange			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Adventist Health Care Retirement Plan 401(a) plan					X	3/21/17		X									
	- Van Inst Index Pl	X					1/22/17	X										
	- Van Inst Index Pl	X					1/24/17	X										
SP	Adventist Health Care Retirement Plan 401(a) plan																	
	- Harbor Mid Cap	X					1/22/17	X										
	- Harbor Mid Cap	X					1/23/17	X										
SP	Adventist Health Care Retirement Plan 403(b) plan																	
	- Adventist Health Care						12/14/17		X									
SP	Adventist Health Care Retirement Plan 403(b) plan																	
	- Adventist Health Care						12/14/17		X									
	- Van Inst Index Pl	X					2/21/17	X										
	- Van Inst Index Pl	X					3/21/17	X										
	- Van Inst Index Pl	X					4/14/17	X										
	- Van Inst Index Pl	X					5/16/17	X										
	- Van Inst Index Pl	X					6/13/17	X										
	- Van Inst Index Pl	X					12/14/17	X										
	- Van Inst Index Pl	X					12/14/17	X										

SCHEDULE B - TRANSACTIONS

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SP, DC, JT		Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date	Amount of Transaction										
SP	DC, JT	Asset	Purchase	Sale	Partial Sale	Exchange		(MO/DY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP		Example Mega Corp. Stock			X		X	3/9/17		X									
SP		Adventist Health Care Retirement Plan - 403(b) plan																	
		- Harbor Mid Cap	X					2/7/17	X										
		- Harbor Mid Cap	X					3/24/17	X										
		- Harbor Mid Cap	X					4/4/17	X										
		- Harbor Mid Cap	X					5/16/17	X										
		- Harbor Mid Cap	X					6/15/17	X										
		- Harbor Mid Cap	X					12/4/17	X										
		- Harbor Mid Cap		X				12/4/17		X									
SP		Adventist Health Care Retirement Plan - 403(b) plan																	
		- Pimco Total Return	X					12/4/17	X										
		- Pimco Total Return	X					12/4/17		X									
SP		Adventist Health Care Retirement Plan - 403(b) plan																	
		- American Funds	X					12/4/17	X										
		- American Funds	X					12/4/17											
		- American Funds	X					12/4/17		X									

SCHEDULE B - TRANSACTIONS

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SP, DC, JT		Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
SP	DC, JT	Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
	Example			X		X	3/9/17		X									
SP	Adventist Health Care Retirement Plan - 403(b) plan																	
	- American Funds Wash Mutual	X					12/4/17	X										
	- American Funds Wash Mutual	X					12/4/17		X									
SP	Adventist Health Care Retirement Plan - 403(b) plan																	
	- TRP Inst Large Cap Growth	X					12/4/17	X										
	- TRP Inst Large Cap Growth	X					12/4/17	X										
SP	Adventist Health Care Retirement Plan - 403(b) plan																	
	+ Comerica S&P Mid Small Cap IDX	X					12/4/17	X										
	- Comerica S&P Mid Small Cap IDX	X					12/4/17	X										
SP	Adventist Health Care Retirement Plan - 403(b) plan																	
	- CRM Mid Cap Value	X					12/4/17	X										
	- CRM Mid Cap Value	X					12/4/17	X										
SP	Adventist Health Care Retirement Plan - 403(b) plan																	
	- American Funds Euro Pacific	X					12/4/17	X										

SCHEDULE B - TRANSACTIONS

Name: **Mike Thompson**

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SP, DC, JT		Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, or Bi- weekly, if applicable	Amount of Transaction										
			Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example	Mega Corp. Stock			X		X	3/9/17		X									
SP	Adventist Health Care																		
	Retirement Plan - 403(b) plan																		
	- American Funds Euro Pacific	X						12/4/17	X										
SP	Adventist Health Care																		
	Retirement Plan - 403(b) plan																		
	- Cohen & Steers Realty Shares	X						12/4/17	X										
	- Cohen & Steers Realty Shares	X						12/4/17	X										
SP	Adventist Health Care																		
	Retirement Plan - 403(b) plan																		
	- MFS Utilities	X						12/4/17	X										
	- MFS Utilities	X						12/4/17	X										
SP	Adventist Health Care																		
	Retirement Plan - 403(b) plan																		
	- Hartford Global Health	X						12/4/17	X										
	- Hartford Global Health	X						12/4/17	X										

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INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

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[illegible]

Position	Name of Organization
Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature.	

Use additional sheets if more space is required.

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EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

[illegible]